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ear, nose, and throat patients, only). Board nearby would cost \$4.50 a week.

This seems to be a good opening to work among people who are apparently willing to employ nurses, but who cannot get them. I thought this might be of advantage to some of the readers of the JOURNAL, our source of advice and inspiration. M. S. T.

[The name of the town may be had by writing to the editorial office of the JOURNAL, inclosing a self-addressed envelope.—ED.]

#### PRACTICAL SUGGESTIONS

DEAR EDITOR: Some of the JOURNAL readers may find the following suggestions of use.

Two harness pins are fine for keeping the bed covers on children or semi-delirious patients. They are very strong and by pinning to mattress on each side, keep covers in place.

Mutton tallow is one of the finest preventives of bedsores known (to me). Render out the mutton suet, add all the gum camphor it will dissolve and keep in an old china cup. Have patient's back washed clean and rub in the tallow as hot as it can be borne by the hand. It is very healing, and forms a water-proof coating.

Salt bags are easiest heated by placing on a "Mrs. Potts" sad iron on the back of stove. Does not scorch, but stays hot.

Nurses getting a call to the country in winter, will find it wise to put a pair of heavy woolen tights and a sweater in their suitcase. Just before the station is reached, they can be put on in the toilet room, and then if they have an eight or ten mile ride they are somewhat prepared. Doctors will come for one with overshoes and fur coat (for themselves) and expect a nurse to keep warm in a thin cloth coat.

Minnesota.

M. W.

#### OPERATING ROOM IN PRIVATE HOMES

DEAR EDITOR: Possibly some of the private nurses would like to know how an operating room should be prepared in a private home. I will send my idea. I select a room that will afford the best light, also as small a one as possible, with, of course, sufficient room for three or four small tables and room for four or five persons to move about comfortably. I also inquire as to the time of the operation, and select a room in which the light would be best at that time.

I remove all tapestry, rugs, carpets, and pictures, leaving the walls and floor bare. Also remove all furniture. The wood-work and floors are washed free from dust. For the walls, I use corn meal or bread crumbs, sprinkled with some strong liquid disinfectant. I take a clean broom, wrapped with cloth, and with this wipe down the walls and ceiling. Then I wash the wood-work again with clear water which has a disinfectant in it. After this I procure clean sheets enough to cover walls and ceiling, and dip them in a bichloride or lysol solution (they may be sterile, but if in a hurry it takes time to sterilize them) and tack them up. To secure the sheet overhead, I use a step ladder and have two persons, with bichloride broom handles, hold the sheets while I tack them, as they are very heavy when wet. The ceiling is covered

first, then the sides, which are very easy in comparison. I can usually do those alone. After all are up, I secure tables as small as possible, one for instruments and sterile goods, a very small stand for the anæsthetizer's supplies, one for the hand solutions and pitchers. For the jars of sterile water, a low box is handy. These are all washed and cleaned as the wood-work, and covered with sterile sheets. I cover the solution table and sterile water box the evening before, and just when ready to operate, cover the instrument table. For cold water I sterilize a large stone jar and cover a lid with sterile gauze. I use a new boiler, or one carefully cleaned, to boil the water, with a cover to fit closely. I then let the water boil for 30 minutes or 1 hour, then set aside to cool, and next morning pour it carefully into the sterile jar. Then I refill the boiler and have hot water ready for the operation, leaving this in the boiler. I sterilize six to seven sheets, three to four gowns, according to the number needed, six towels, and a combination. Usually surgeons carry sterile supplies for themselves, and a nurse need not worry about them. I secure all solution pans, pitchers, and drugs needed the day before and have them all sterilized and arranged, as the next morning is a busy one.

The night before, I go over the floor with a lysol or bichloride solution, and then place an alcohol lamp under a vessel of weak solution of formaldehyde, and fumigate for several hours. The next morning, if any odor remains from this drug, I sprinkle aqua ammonia about the room and soon all is vanished. Just before the doctors are ready, I take the solution basins, pitchers, etc., through a bichloride solution. This leaves the room ready for them to enter.

May I add that while it may appear to some as an unnecessary lot of work for a nurse, to me it seems that if a life is worth saving at all, it is worth all the pains and work we can afford to try.

We are trained in hospitals to be aseptic and so very careful about the operating room. Why not be as much and more so in a private home, where we have no clean white enamel walls to look upon and say, Well done. In place of the white room we face a fly-specked, dusty, heavily tapestried room, and a patient who has all the confidence in the world in us. They look at you and appeal to you for aid. Let us help them all we can, and keep our conscience clear of all possibilities of danger. You may ask, What if there is a very urgent emergency case? Shall we have time for all this? Possibly not time enough to wipe the walls, if not, wouldn't it be safer to wet sheets in bichloride and tack them up over and around the table where the patient is to lie? There are always wide-eyed neighbors or some one to help. I charge \$5.00 for preparing a room and I believe it well worth it. I would like to hear if other nurses approve of so much work in a private home.

Iowa.

S. E. L.

#### REGISTRATION OBLIGATORY?

DEAR EDITOR: To settle a dispute will you kindly tell me through your column in the JOURNAL if a graduate nurse from another city can practise in any city or town without registering, if she should like to remain for quite a while.

South Dakota.

M. A. C.

[An editorial which answers this question will be found on page 417 of the March JOURNAL.—Ed.]